Reviewed for compliance by:_____
Staff Signature
Date: _____ Exemption: YES ☐ NO ☐
(see back)

Overlay:
K entry

Washington State Department of Health

CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

OVERLAY for Kindergarten School Entry — Min = Minimum, Rec = Recommendation

Child's Last Name	First Name	Middle Name	Sex	Birthdate

Parent/Guardian Name _____ Daytime Phone _____

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
HEP B (HBV) Hepatitis B See chart in Vacc Required for School Attendance.		1			
		2			
		3			
		4			
DTaP/DTP/DT Pertussis-containing vaccine required. Min: Dose #4 on/after 4th bday. Diphtheria, Tetanus, Pertussis Rec: Dose #5 at 4-6 yrs.		1			
		2			
		3			
		4			
		5			
		6			
Td/Tdap		1			
		2			
		3			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			
POLIO OPV (by mouth) IPV (by injection) Min: 4 doses < 4th bday. Or dose #3 on/after 4th bday. Rec: Dose #4 at 4-6 yrs.		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella Rec: Dose #1 on/after 1st bday (4-day grace ok) and dose #2 at 4-6 yrs. Min: 2 doses measles-containing vacc (both on/after 1st bday & 28 days apart, no 4-day grace).	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA Vaccine **OR** Disease (Chickenpox) Rec: Vaccine on/after 1st bday (4-day grace ok). If doc of disease; Min: Yes/No Rec: Yes/No and Date or Age	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate **date** or **age** at time of disease				
OTHER VACCINES					

Can accept printed CIS form from the CHILD Profile Immunization Registry. Parental signatures still required. **Overlay revised: Sept. 13, 2006**

➔ I certify that the information provided here is correct and verifiable ←

X _____ Date: _____
Signature of Parent or Guardian

DOH 348-013(X) Revised January 2006

If any vaccine shaded areas are blank, check back for exemptions and/or immunity.

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

☐ Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____Until_____

Vaccine(s) Date

_____

Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

_____

Licensed Health Care Provider Signature Date

OR

☐ Personal Exemption ☐ Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

_____

Vaccine(s)

_____

Signature of Parent or Guardian Date

AND/OR

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.
(please circle)

Attach TITER results

_____

TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

_____

Licensed Health Care Provider's Signature or Stamp Date

For More Information

http://www.cdc.gov/nip/recs/child-schedule.htm#Printable

http://www.doh.wa.gov/cfh/Immunize/schools.htm